Higher Education for All: Learning Environments built on Trauma-Informed Teaching and Communication

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Contents

Executive Summary

Ourreportsynthesizesdetailed insights from the roundtable discussions held within HEAL partners' institutions and the online surveys conducted across Romania, Greece, Ireland, and Slovenia as part of the Erasmus HEAL project. Partners met in an online meeting to establish the contents of each survey. The questionnaires were translated into all partner native languages. We focused on the project's main objective, which aims to integrate trauma-informed teaching and communication practices into higher education environments to support students who have experienced different types of trauma. Through engagement with both students and Higher Education Professionals (HED), the HEAL report presents the key challenges for each country, concrete gaps, and recommendations for creating a more supportive, concrete, and inclusive academic environment.

The key findings suggest a widespread need for increased trauma awareness among HED institutions, better mental health resources, and flexible academic policies. Specific challenges include the stigma surrounding mental health issues, insufficient access to counselling services, and a lack of HED staff training. Based on our findings, we propose clear recommendations to enhance trauma-informed practices and foster a supportive learning environment for all students, representing the next HEAL project activities.

HEAL Key Recommendations:

- Implementing for mandatory trauma-informed regular counselors, and university staff to help them recognize, understand, and respond to trauma effectively;
- Develop **regular awareness campaigns** to reduce the stigma around mental health and encourage open conversations about trauma within the academic community;
- Improve **accessibility to mental health services** through online platforms, flexible appointment systems, and extended hours to accommodate students' schedules.

- Develop **clear communication strategies** to ensure that all students are well-informed about the available mental health resources and how to access them;

- Create a **supportive academic framework** that allows students to take temporary leaves of absence or reduce their course load without academic penalty if they are dealing with trauma; Establish **peer mentorship and**

- **support groups** where students can share their experiences and support each other, reducing feelings of isolation and fostering a sense of community; Train educators/mentors to recognize signs of trauma and guide their peers to

- professional support services when needed; Encourage **university leadership** to prioritize mental health and trauma-

- informed practices in their strategic planning and policy development; Allocate **dedicated funding and resources** to implement and sustain trauma-

- informed initiatives across all departments; Develop **clear protocols and guidelines** for university/faculty and staff to

- follow when addressing students' trauma, ensuring consistent support across the university/institution; Partner with **NGOs, mental health organizations, and external experts** to

- provide additional support services, resources, and training for staff and students; Engage **policy makers** to promote trauma-informed education and mental health initiatives in higher education.

1. Introduction

HEALProjectOverview: The HEAL project aims to promote the integration of trauma-informed teaching practices across European universities, especially for Greece, Slovenia, Ireland, and Romania. It addresses the academic and emotional needs of students who have experienced trauma and seeks to foster an educational environment that is both inclusive and supportive. Trauma can have significant impacts on students' academic performance, mental health, and future social interactions. The HEAL project's objective is to equip educators and institutions with the tools necessary to recognize and respond to students affected by trauma. **Purpose of the HEAL Report**: Our final report combines the insights gained from roundtable discussions and online surveys conducted across HEAL partners' institutions from Greece, Ireland, Slovenia, and Romania. By integrating both

qualitative and quantitative data, the report provides a comprehensive understanding of the current state of trauma-informed practices in higher education and outlines our recommendations for improvement.

Scope: The roundtable discussions and the online surveys involved students and educators from four countries: Romania, Greece, Ireland, and Slovenia. A diverse range of participants from different academic backgrounds contributed, including undergraduate and graduate students, professors, and mental health professionals.

2. Methodology

Roundtable Discussions

HEAL Participants in the roundtable discussions were selected based on their expertise and relevance to the project. These included students, professors, counsellors, and mental health experts. Their backgrounds ranged across various disciplines, ensuring a diversity of perspectives. We took into consideration the General Data Protection Regulation for each institution and other internal institutional regulations in force.

Format: All discussions followed a moderated HEAL panel format, with questions on trauma, trauma-informed practices, and institutional support systems. Each session encouraged open dialogue and allowed all participants to share their experiences and suggestions.

Facilitation: Our experienced moderators facilitated the discussions, using guiding questions to focus on key themes/answers such as the definition of trauma, previous personal experiences with trauma-informed practices, challenges in implementation, and ideas for improving practice support.

Online Survey

Design HEAL online surveys for both students and HED professionals were designed to gather quantitative and qualitative data. The surveys included a mix of Likert-scale questions, multiple-choice questions, and open-ended questions that allowed participants to provide detailed feedback.

Distribution: HEAL surveys were distributed electronically to students and staff across the participating universities in Greece, Slovenia, Ireland, and Romania. HEAL survey invitations were previously sent via email by all partners, with reminders to encourage participation.

All responses were anonymized to ensure confidentiality. The data was collected through secure platforms and analyzed by all partners first inside each organization for key trends, themes, and recommendations.

2.1 Data Collection

The field researchwasconducted with a diverse group of participants representing two main categories: students and higher education professionals (HED) from the partner institutions. The inclusion of both groups allowed for the collection of complementary perspectives on the topic under investigation.

Students: The student participants ranged in age from 18 to 35 years old, with the majority falling within the 18–24 age group. This distribution reflects a typical university student demographic, combining both younger undergraduates and more mature postgraduate learners. In terms of gender, approximately 70% of the student participants were female and 30% were male, indicating a higher participation rate among female students in the sample. Regarding academic level, most of the students were enrolled in undergraduate programmes, while a significant proportion were postgraduate students, contributing insights from a more advanced stage of academic experience. The participants represented a broad range of academic fields, including humanities, social sciences, natural sciences, engineering, and health sciences. This disciplinary diversity provided a well-rounded view of student experiences across different areas of study.

Higher Education Professionals (HED): The group of higher education professionals (HED) included professors, academic counsellors, and administrative staff from various departments within the partner institutions. This range of roles ensured that both academic and administrative perspectives were captured in the study. The years of professional experience among HED participants ranged from 5 to 30 years, indicating a mix of mid-career and senior professionals with substantial experience in the higher education sector. The professionals were affiliated with diverse academic disciplines, such as psychology, education, sociology, engineering, and the arts, reflecting the multidisciplinary nature of the institutions involved in the research.

2.2. Limitations of the Methodology

Whilethe HEAL online surveys provided valuable insights into trauma-informed practices across Greece, Slovenia, Ireland, and Romania, there are several limitations to consider when interpreting the survey results. These limitations may have influenced our findings and should be taken into account: **Voluntary Participation**: Since participation in the surveys was voluntary, individuals who chose to participate might have been more motivated to share their experiences, either because they had strong opinions on trauma or had personally encountered trauma-related challenges. This means that the survey responses may not fully represent the views of all students or Higher Education Professionals (HEDs) across the institutions. **Varied Participation Across Countries**: The response rates varied between countries and institutions, potentially affecting the **comparability of the data**. For instance, higher participation from Romania and Greece (because there are 2 Romanian and 2 Greek organizations) might lead to an overrepresentation of these countries' experiences, making it difficult to draw broad conclusions that apply equally

across all participating regions.

Despite reminders, there were still challenges in achieving high response rates in Ireland. Limited engagement might be attributed to the University Ethics Committee, established in accordance with the University's internal regulations and focused on the HEAL project's main topic. This could mean that certain key insights were missed due to lower-than-expected participation.

The interpretation of trauma and mental health can vary significantly across different cultures, which could affect how participants responded to the survey questions. For example, what is considered a traumatic experience in one culture might be perceived differently in another, leading to **response variability**. This cultural divergence makes it challenging to standardize the results and apply uniform solutions across all countries.

In some cultural contexts, discussing trauma and mental health openly can be more stigmatized, which might have discouraged participants from fully disclosing their experiences or concerns. Therefore, the data might not fully capture the prevalence

or intensity of trauma-related issues in certain countries, resulting in **underreporting** of sensitive topics. The surveys relied on self-reported data, which is inherently subjective. Participants' perceptions of trauma, institutional support, and mental health resources might differ based on their personal experiences, emotional state, and understanding of the survey questions. This subjectivity could lead to **variations in the interpretation** of the same questions, making it challenging to aggregate data across partner countries. There is a possibility that respondents provided answers they believed were socially acceptable or aligned with what they thought the researchers wanted to hear, rather than their true experiences. This could lead to overestimation or underestimation of certain issues, such as the effectiveness of mental health resources or the prevalence

of trauma.

Although the surveys were anonymized, some participants might still have been hesitant to share detailed or sensitive information about their trauma experiences out of fear of being identified. This concern can lead to **incomplete data** or vague responses, which may limit the depth of insights gathered from open-ended questions. Asking open-ended questions about trauma can be difficult for some respondents, especially if it brings memories of painful experiences. This could affect the overall quality and richness of the qualitative data.

Since data analysis was conducted separately by partners within each partner organization, there could be **differences in interpretation** and emphasis on certain themes. While efforts were made to standardize the analysis process, the unique perspectives and cultural contexts of each partner organization might have influenced how data were categorized and reported.

Surveys were distributed in multiple languages to ensure accessibility, but translation and interpretation issues may have influenced how questions were understood and how responses were analyzed. Subtle nuances in language can lead to **misinterpretations** or shifts in meaning, affecting the consistency of data across

different regions.

3. Key Findings

CommonThemes

Trauma-Informed Teaching: A recurring theme was the importance of creating an empathetic and understanding group/classroom environment. Educators emphasized the need for training to help them identify and support students experiencing different types of trauma. Flexible academic policies, such as deadline extensions and personalized assessments, were identified as essential for accommodating students' needs.

Learning Environments: Both students and educators identified smaller group/class sizes and interactive teaching methods as more conducive to supporting students with trauma. Online platforms and hybrid learning models were also seen as beneficial for students who struggle with traditional group/classroom settings.

Insights from Students

Challenges: Students identified stigma, lack of awareness, and insufficient mental health resources as key barriers to receiving support. Many students felt that their trauma was not well understood by the university/faculty, and they often hesitated to seek help.

Support Needs: Students advocated for peer support networks, increased access to counselling services, and trauma-informed training for university/faculty members. They also emphasized the need for awareness campaigns to reduce the stigma surrounding mental health issues.

Insights from HED Professionals

Barriers challenges to implementing trauma-informed practices within the university/faculty. HED professionals cited overall lack of training and resources as significant. They also highlighted the difficulty of balancing academic rigour with the need for flexibility to support traumatized students.

Best Practices: Some HED professionals reported success in integrating trauma-informed practices through professional development workshops, creating smaller group/class environments, and collaborating closely with mental health services.

3.1. Detailed Analysis

RoundtableDiscussions: Theroundtable discussions conducted across the partner countries—Greece, Slovenia, Ireland, and Romania—offered an in-depth qualitative look into the personal experiences, challenges, and insights of both students and Higher Education Professionals (HEDs) regarding trauma and trauma-informed practices. Through a thematic analysis of these discussions, several critical themes emerged, highlighting both shared and unique experiences across the different countries. Each partner presented unique challenges and opportunities that underline the importance of region-specific approaches: **Greece**: **Challenges**: In Greece, discussions revealed a moderate level of awareness about trauma among educators, but a significant gap in structured training. Students

frequently mentioned political conflicts, particularly during student assemblies, as a source of trauma, highlighting a cultural and socio-political context unique to Greek universities. Additionally, there was a general acknowledgment of the stigma surrounding mental health, which hindered open discussions about trauma.

Opportunities: There is a need to address the cultural nuances of trauma and specific training that includes sensitivity to these local issues could help educators support students more effectively.

Slovenia: **Challenges**: Slovenian participants demonstrated a growing awareness of trauma, but many educators felt unprepared to address it effectively. Students often cited academic pressures as a major stress, with trauma being intensified by the high expectations within the educational system. The lack of flexibility in academic policies was a recurring issue, making it difficult for students to cope with personal crises.

Opportunities: Given the academic culture in Slovenia, there is a clear need for policies thatoffer greater flexibility in coursework and assessments.

Additionally, creating awareness campaigns to normalize discussions around mental health can help reduce stigma and encourage students to seek help.

Ireland:

Challenges: Students reported positive experiences when educators were empathetic and flexible; however, these cases were not the norm. One notable issue was the lack of communication about existing mental health services, which left many students unaware of the support available to them.

Opportunities: Ireland has a strong foundation in mental health awareness but needs to focus on consistent implementation across other institutions. Improved communication strategies and systematic training for educators can ensure that more students benefit from trauma-informed practices.

Romania:

Challenges: Participants in Romania highlighted a significant lack of awareness and training regarding trauma among both students and educators. Stigma around mental health was particularly pronounced, leading to reluctance in seeking support. Additionally, institutional support was often inadequate, with long waiting times for counselling services and insufficient resources.

Opportunities: There is a strong need for foundational work in Romania, starting with raising awareness about trauma and mental health. Introducing mandatory training for educators and increasing the number of mental health professionals within universities would be critical first steps. Collaborations with NGOs could also enhance the support network available to students.

The comparative analysis of roundtable discussions highlights the importance of understanding country differences when implementing trauma-informed practices. Each country faces unique challenges influenced by cultural, institutional, and social factors. While there are shared needs—such as better training for educators and improved communication about mental health services—region-specific recommendations are necessary to address the distinct contexts of Greece, Slovenia, Ireland, and Romania.

By tailoring approaches to each country's specific needs, the HEAL project can foster more effective and sustainable trauma-informed practices, ensuring that all students receive the support they need to succeed academically and emotionally. **Thematic analysis of the roundtable discussions revealed several critical themes: Understanding Trauma:**

Both students and educators acknowledged the broad

impact of trauma, from academic pressures to personal losses. However, many felt unprepared to manage trauma effectively within the academic environment. One of the most prominent themes from the roundtable discussions was the **understanding of trauma**—how it manifests, how it is perceived, and how it affects both students and educators in an academic context. Both students and educators expressed a broad recognition of trauma's impact, particularly in relation to emotional distress caused by personal losses, family issues, academic pressures, mental health challenges, and even socio-political conflicts in some regions.

Students' Perspective: Students in all countries spoke openly about how trauma can be devitalizing, leading to significant emotional and psychological challenges that affect their academic performance. Many mentioned the sense of being overwhelmed by the pressures of university life, particularly when these pressures coincide with personal crises. While students were keenly aware of the suffering that trauma takes, many expressed frustration that their trauma was not always taken seriously within the academic environment. This sentiment was echoed by many students, where the pressure to meet deadlines and maintain academic standing often compounded existing trauma, leaving students feeling unsupported.

Educators' Perspective: Educators, on the other hand, often spoke about their **inability to recognize or respond effectively** to trauma among their students. Although many professors acknowledged that trauma was prevalent within the student population, they admitted feeling "ill-equipped" to manage it. A common refrain was that trauma was not something they had been trained to deal with. In some cases, educators expressed discomfort with the idea of engaging with students'

trauma, fearing they might say the wrong thing or overstep professional boundaries. This uncertainty highlights the critical need for structured trauma-informed training for educators, a theme that was discussed in more detail under institutional support.

Institutional Support: Participants across all regions highlighted the need for improved communication regarding available mental health services and more resources dedicated to trauma-informed care. The second major theme that emerged from the roundtable discussions was the **lack of institutional support** for trauma-affected students and university/faculty. Across all four countries, participants pointed out gaps in communication, resource allocation, and the provision of mental health services. While some institutions have made strides in providing counselling services, these services were often seen as insufficient in terms of accessibility, capacity, and awareness.

Communication Gaps: In nearly every roundtable discussion, participants identified **poor communication** as a significant barrier to accessing trauma-informed care. Students often reported that they were unaware of the mental health services available to them, either because these services were not accessible/well-publicized or because they were introduced too late in their academic years. This communication gap was also reflected in the experiences of educators, who often felt uninformed about how to direct students toward the support they needed. In some instances, university/faculty members were aware that services existed but did not know how to refer students or how the counselling system worked. This lack of clear communication about mental health resources leaves both students and university/faculty feeling unsupported. In 3 countries, participants recommended that institutions adopt more proactive approaches to publicizing available services. This could include workshops, information sessions at the start of the academic year, and consistent reminders throughout the year.

Resource Allocation: Another significant issue raised by participants was the **lack of sufficient resources** dedicated to trauma-informed care. Across all countries, students and educators alike commented on the underfunding of mental health services within universities. Many students noted that while counselling services were

technically available, their demand was bigger than the supply, leading to long waiting periods that rendered the services less effective. In Romania, for example, one student mentioned that they had to wait over a month for an appointment with a counsellor, at which point their need for support had already become urgent. Educators also commented on the resource constraints, emphasizing that mental health services are not given the priority they deserve within the university budget. This resource gap puts additional tension on educators, who feel that the responsibility of supporting trauma-affected students often falls to them, despite their lack of training or support. **Need for Structured Trauma-Informed Programs/Training:** Another key point raised by participants was the **lack of structured trauma-informed programs** within universities and other institutions. Many institutions lack a comprehensive strategy for dealing with trauma, leaving students and educators to navigate these challenges on their own. While some universities had made progress in integrating mental health services into their academic programs, others still treated mental health as a separate issue, unrelated to the academic environment. Students and educators alike recommended the creation of **integrated, trauma-informed support systems** that would not only provide mental health services but also **insert trauma sensitivity into the academic culture**. This could include training university/faculty members to recognize the trauma signs, offering flexible academic policies (such as deadline extensions and alternative assessment methods), and developing clear protocols for referring students to the appropriate services. For instance, some participants suggested that **peer support networks** be established as part of the university's mental health strategy, allowing students to seek help from their peers who have undergone similar experiences, but under EU GDPR Compliance Guides in all partner countries. This could help reduce the stigma associated with trauma and make students feel more comfortable seeking support.

In summary, the roundtable discussions across Greece, Slovenia, Ireland, and Romania revealed two central themes: **understanding trauma** and **institutional support**. Both students and educators recognized the wide-reaching impact of trauma, but felt that there was a lack of resources to address it effectively in the

academic environment. Communication gaps, insufficient resources, and the need for structured, trauma-informed programs were all identified as critical issues that need to be addressed for universities and other institutions to create a truly supportive and inclusive learning environment. Through a concerted effort to provide better training for educators, improve communication about available resources, and invest in mental health services, universities can begin to bridge the gap between recognizing trauma and effectively supporting those affected by it.

Quantitative Data: The quantitative data from the surveys revealed that:
- **56.8%** of students had experienced trauma in the past.
- **40%** of educators had not received formal training on trauma-informed practices.
- **38%** of students felt that their university did not communicate adequately about available mental health services.

HEAL Online Survey Results

- Students that experienced trauma in the past
- Lack of available mental health services for students
- Educators had not received formal training on trauma-informed practices
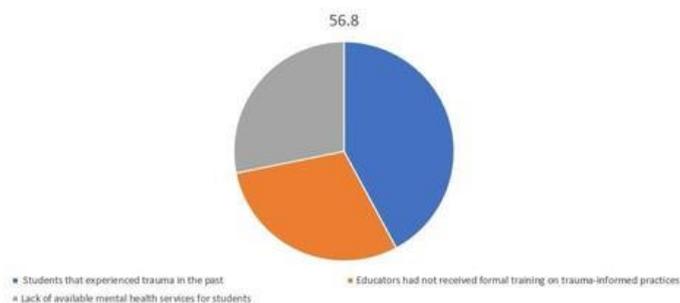
Qualitative Data: In the context of trauma-informed practices in higher education, qualitative data gathered from surveys in Greece, Ireland, Slovenia, and Romania provides invaluable insights into personal experiences, institutional challenges, and practical recommendations from students, educators, and Higher Education Professionals (HED). This data captures the emotions, perspectives, and unique

challenges that quantitative data often cannot, shedding light on the lived experiences of trauma-affected individuals in academic settings. Greece, Ireland, Slovenia, and Romania provide a rich and nuanced understanding of the challenges facing trauma-informed practices in higher education. While the specific challenges vary by country, issues like stigma, lack of training for educators, and inadequate mental health resources are common across all countries. Students and educators alike are calling for more comprehensive support systems, clearer communication, and trauma-informed training to better address the mental health needs of trauma-affected students.

Greece:

In Greece, qualitative responses revealed significant insights into the experiences of both students and educators when dealing with trauma and mental health challenges in higher education settings. **Student Experiences**

- **Isolation and Lack of Understanding**: Many students reported feeling isolated when dealing with trauma, noting that they felt there was a lack of understanding from faculty members.
- **Trauma from Political Conflict**: Several students highlighted how political conflicts in student assemblies contributed to trauma.
- **Call for Empathy from Faculty**: Students requested that faculty members receive trauma-informed training to improve their empathy and understanding. A common theme was that students often encountered indifferent or uninformed responses.

<u>**Educator Challenges**</u>
- **LackofTrainingandSupport**: Educators emphasized their lack of formal training in trauma-informed teaching.
- **Balancing Rigor with Flexibility**: Many educators expressed concern about balancing academic rigor with trauma-informed flexibility.

Ireland:

The qualitative responses from students and staff at Trinity College Dublin reflect a growing awareness of trauma, but also significant gaps in support structures and communication. **Student Experiences**

- **Struggling in Silence**: the Irish survey was that students often struggled with trauma in silence, either due to stigma or lack of accessible resources.
- **Positive Experiences with Flexible Policies**: Some students who had encountered flexible academic policies reported positive experiences.

Educator Challenges

- **Need for Institutional Support**: sentiment that they lacked the institutional support necessary to implement trauma-informed practices.

- **Awareness of Mental Health Services**: Faculty also expressed concerns that mental health services were not effectively communicated to staff.

Slovenia:

The Slovenian university demonstrated varying levels of awareness regarding trauma-informed practices, with both students and staff calling for more structured support systems.

StudentExperiences

- **Academic Pressure and Trauma** :Students highlighted how academic pressure worsened their trauma.
- **Long Wait Times for Support**: Many students reported long wait times for counselling services, which left them feeling unsupported.

Educator Challenges

- **Resistance to Trauma-Informed Approaches** :Educators reported that there was institutional resistance to adopting trauma-informed teaching strategies.
- **Overburdened Counselling Services**: Educators also expressed frustration at the limited availability of mental health professionals on campus.

Romania:

In Romania, students and educators offered detailed accounts of the challenges they face when addressing trauma within university settings. The responses highlighted significant gaps in trauma-informed care and institutional support. **Student Experiences**

- **Stigma Around Mental Health** : Romanian students repeatedly mentioned the stigma surrounding mental health and seeking support.
- **Inaccessible Services**: Many students felt that mental health services, while available, were not accessible to all.
- **Call for Peer Support**:Several students called for peer support groups.

Educator Challenges

- **Lack of Training** : Many educators in Romania indicated that they had not received adequate training to handle trauma.
- **Fear of Overstepping Boundaries**: Educators expressed concerns about overstepping their professional boundaries when dealing with trauma.

Common Themes Across All Countries: Stigma and Silence: Students in all four countries mentioned the stigma surrounding trauma and mental health. They frequently indicated that this stigma often prevented them from seeking help, and when they did, they were often met with long waiting periods or insufficient support. **Need for Faculty Training**: A key theme in responses from educators across all countries was the lack of training. Many felt unprepared to deal with trauma, especially when there were no clear institutional guidelines or resources available. **Call for Peer Support Systems**: Students in all regions indicated a strong desire for peer support networks. Many felt that speaking with peers who had shared experiences would make it easier for them to open up and seek help. **Inconsistent Access to Mental Health Services**: Access to counselling services was another common issue. Many students reported long wait times or a lack of available resources, which made it difficult to get timely support when they were experiencing trauma.

4. Recommendations

ForEducators

1. Implement mandatory trauma-informed training programs.
2. Adopt flexible academic policies that accommodate students facing trauma-related challenges.
3. Foster open communication and create safe spaces for students to share their experiences.

For Administrators

1. Increase funding for mental health resources, including hiring additional counsellors and mental health professionals.
2. Improve communication about available support services and ensure that all students and staff are aware of these resources.
3. Develop policies that prioritize trauma-informed practices and ensure consistent application across all departments.

For Policymakers

1. Develop national guidelines for trauma-informed practices in higher education. 2. Allocate resources to support the implementation of these practices in universities.
3. Launch awareness campaigns to reduce the stigma associated with mental health and trauma.

5. Conclusion

TheHEAL projectfocusesonthe urgent need for integrating trauma-informed practices across higher education institutions in Europe. The findings from the roundtable discussions and online surveys reveal that trauma continues to be a general issue that significantly impacts students' academic performance, well-being, and overall university experience. By addressing the challenges identified through our research and implementing the proposed recommendations, universities and other stakeholders can foster a more inclusive and supportive academic environment that adequately responds to the diverse needs of trauma-affected students. **A. Addressing Identified Challenges.** The challenges highlighted—such as stigma surrounding mental health, insufficient training for educators, and a lack of accessible support services—are not unique to any one institution or country. These challenges are general across the academic landscape and require a unified, systemic approach

to overcome. One of the most pressing issues identified is the **stigma associated with trauma and mental health**. Students across Greece, Ireland, Slovenia, and Romania often reported feeling isolated, unsupported, or misunderstood by their peers and faculty. This stigma prevents many students from seeking the help they need, resulting in further emotional distress and academic decline. To address this, universities must not only raise awareness about trauma-informed practices but also actively work to **normalize conversations around mental health**. This can be achieved through awareness campaigns, peer support initiatives, and training programs within each institution that destigmatize trauma and mental health challenges. Another key challenge is the **lack of formal training for educators**. Many university/faculty members expressed frustration at their inability to effectively support trauma-affected students due to a lack of training. Educators need to be equipped with the tools and knowledge to identify trauma symptoms, respond empathetically, and implement flexible teaching methods that accommodate students' individual needs. Institutions must provide **comprehensive, ongoing training** on trauma-informed

practices for all academic staff to ensure they are adequately prepared to assist students who are dealing with trauma. The **inaccessibility of mental health support services** is another critical concern. Long waiting times, insufficient counselling staff, and poor communication about available resources have left many students without the support they require. To address this, universities must invest in expanding their mental health services and ensure that these services are well-publicized and easily accessible to all students. This includes not only increasing the number of mental health professionals on campus but also integrating alternative support mechanisms, such as **online counselling platforms** and **peer support networks**, to reach students who may be reluctant to seek help through traditional channels.

B. Creating an Inclusive and Supportive Academic Environment. By implementing the recommendations outlined in our report, universities have the potential to transform their academic environments into spaces that are more **inclusive, supportive, and responsive** to the needs of all students, particularly those affected by trauma.

At the heart of these changes is the need to adopt a **holistic, trauma-informed approach** to education. This approach involves not only training educators and expanding mental health services but also **restructuring institutional policies** to better accommodate the challenges faced by trauma-affected students. For instance, implementing **flexible academic policies**—such as extended deadlines, alternative assessment methods, and individualized learning plans—can help ensure that students experiencing trauma are not unfairly penalized or disadvantaged academically.

Moreover, fostering **open communication** between students and faculty is essential for building trust and encouraging students to seek help when needed. Universities must create safe spaces where students feel comfortable discussing their experiences without fear of judgment or repercussions. This can be achieved through regular check-ins with academic advisors, **mentorship programs**, and the development of student-led mental health initiatives.

C. Future Steps and Institutional Commitment. The integration of trauma-informed practices is not a one-time initiative but an ongoing process that requires **continuous assessment and refinement**. Universities must establish mechanisms for **regularly evaluating** the effectiveness of their trauma-informed programs and services, using student and faculty feedback to identify areas for improvement. This can include **anonymous surveys**, focus groups, and feedback sessions that provide insight into how well the institution is meeting the needs of its students. Furthermore, **institutional commitment** to mental health support is crucial. This commitment must come from the highest levels of university leadership and should be reflected in both policy and practice. By prioritizing mental health and trauma-informed practices in their strategic planning, universities can allocate the necessary resources

and funding to ensure these initiatives are sustainable. This includes hiring more mental health professionals, offering comprehensive staff training, and creating dedicated spaces on campus for students to relax, de-stress, and access support services.

Additionally, **collaboration between educational institutions, policymakers, and mental health professionals** will be essential for creating a systemic shift toward trauma-informed education. Policymakers must provide the necessary funding and legislative support to ensure that trauma-informed practices are integrated into national education frameworks. In turn, universities should work closely with mental health experts to develop and implement best practices that are informed by the latest research and tailored to the specific needs of their student populations.

The HEAL project has laid the groundwork for a much-needed transformation in how higher education institutions address trauma. However, the path forward requires **collective action** from all stakeholders—students, educators, administrators, policymakers, and mental health professionals. By working together, these stakeholders can create a higher education system that not only acknowledges the profound impact of trauma on learning but also actively supports students in overcoming these challenges.

In conclusion, implementing trauma-informed practices will contribute to the overall **well-being, academic success, and personal development** of students, enabling them to thrive in a supportive and compassionate learning environment. Through continued investment in mental health services, educator training, and institutional reform, universities can help ensure that all students—regardless of their past trauma—have the opportunity to succeed.

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